



VOLUNTEER SNOW BUSTER PROGRAM

Volunteer Application Winter 2021-2022 Please

complete this application and return it to:

email: dgeary@helenamt.gov or by mail to:

Dana Geary, Volunteer Coordinator

Snow Busters Program

City Manager's Office-City of Helena

316 N. Park Avenue, Room 331, Helena, MT 59623

Volunteer Information: (please print)

VOLUNTEER NAME: _____

If volunteer is under the age of 18, PARENT NAME: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ State: _____ ZIP CODE: _____

Home Phone Number: _____ Alternate Phone: _____

Emergency Contact(s): _____

Contact Phone Number(s): _____

Previous Address if Less Than 7 Years at Current: Dates From – Date To: _____

Previous Address: _____ City/State: _____

Background Information

All volunteers over 18 years of age are subject to a background check. As such, please provide:

Social Security Number: _____

Date of Birth: _____

Youth 14 or 15 years old may not:

- Engage in work involving the use of ladders, scaffolds, or similar equipment.

All youth under the age of 18 years old may not:

- Drive motor vehicles or help a driver;
- Operate or assist in operating power-driven machinery or hoisting apparatus;
- Transport persons or property;

Availability: Please indicate the days and times you are usually available to volunteer.

Sun Mon Tue Wed Thu Fri Sat

Morning:

Afternoon:

Evening:

I would like to volunteer to shovel up to _____ properties.

Volunteer City of Helena Agreement

I understand there may be risks associated with participation in the volunteer program and I recognize that some activities may involve physical activity and physical exertion. Whether done individually or in groups, volunteer shifts may include the risk of serious bodily injury, including permanent disability, paralysis and death. These injuries may be caused by my action or inaction, or my child's action or inaction, the action or inaction of other participants, or the conditions in which the volunteer shift takes place. Equipment used may break, fail, or malfunction despite reasonable maintenance and use some of the equipment used may inflict injuries even when used as intended. Many but not all these risks are inherent in this and other activities. These are some, but not all, of the risks inherent in the volunteer program; a complete listing of inherent and other risks is not possible. There are also risks that cannot be anticipated. To the fullest extent permitted by law, I acknowledge and assume the risks involved in the volunteer program and for any loss, damage, illness, injury or death resulting from such risks as well as any personal property. I believe to be physically able and qualified to participate in the volunteer program.

I further understand that I am legally responsible for my actions including, but not limited to, any damage to private or public property and/or personal injury or death that I cause; and that I am legally responsible for my own welfare and actions, including personal needs and medical expenses. To the fullest extent permitted by law, I hereby agree to indemnify and hold harmless the City of Helena, its employees, agents, and representatives with respect to any claim that may be asserted by another because of my actions while participating in the volunteer program.

I have read and understand the above and agree to be bound by the terms of this document.

Authorization:

I agree to all the conditions of this program and the conditions stated above.

Participant's Signature (or Parent/Guardian's
Signature if Participant is under 18 years of age)

Date